

October 2013

MEMORANDUM

2014 Annual License Renewal

NOT renewing your SD license ?

PLEASE document your decision in writing on your Renewal Application and promptly return it to the Licensing Office along with your ORIGINAL LICENSE.

Please note the following items:

- ❖ The mandatory license law has been in effect since July 1, 2007. Unless you are exempt from the law you must maintain a current license to practice counseling / therapy.
 - **Do not wait until the end of December to submit your renewal. By law you must have a renewed license by January 1.**
 - **You are not renewed unless you have a 2014 Renewal Card in your possession.**
 - Every January 1, the \$50 Late Fee is effective (per license).
 - If you are an approved Supervisor, your supervision is not compliant if you are not renewed by January 1.
 - ❖ **You must record your correct license number on the Renewal form.** For example, your complete license number includes the license type and a number = **LPC-MH777**.
 - ❖ **Be reminded, forty (40) hours of compliant Continuing Education IS DUE.**
Of the 40 hours, four (4) hours must be counseling-related Ethics.
Compliant CE must have approval from one of the following entities and be documented on your attendance certificate:
 - **NBCC** **National Board of Certified Counselors**
 - **AAMFT** **American Association of Marriage & Family Therapists**
 - **CRCC** **Commission of Rehabilitation Counselor Certification**
 - **NASW** **National Association for Social Workers** (*not the State SW Chapter*)
 - **APA** **American Psychological Association**
 - **JCAHCO** **Joint Commission for Accreditation of Health Care Organizations**
 - **AMA PRA Category 1 Credit** **American Medical Association**
 - **BCE** **SD Board of Examiners for Counselors and Marriage & Family Therapists**
 - **Another state licensing board for Counselors or Marriage & Family Therapists**
- OR**
- **College Counseling Courses that can be evidenced on College transcripts**
1 Semester credit = 15 contact hours 1 Quarter credit = 10 contact hours

Application for ANNUAL RENEWAL of License for 2014
License must be renewed before DECEMBER 31, 2013.

Please remember the Application for Annual Renewal is a legal document. You must complete every part or it will be returned to you and delay your renewal.

NAME: _____
Last First Middle

HOME PHONE: _____ WORK PHONE: _____

HOME ADDRESS: _____

HOME CITY: _____ HOME ST: _____ HOME ZIP: _____

EMAIL ADDRESS: _____

BUSINESS NAME & COMPLETE ADDRESS: _____

CORRECT License Number (ex. LPCXXX) you are renewing:

- LICENSED PROFESSIONAL COUNSELOR (RENEWAL FEE = \$100) #LPC _____
- LICENSED PROFESSIONAL COUNSELOR-MENTAL HEALTH (RENEWAL FEE = \$75) #LPC-MH _____
- LICENSED MARRIAGE AND FAMILY THERAPIST (RENEWAL FEE = \$75) #LMFT _____

Respond to Each Statement:

I have / have not (**CIRCLE ONE**) been convicted of, pled guilty to, or pled no contest to, an offense in this calendar year that could have resulted in incarceration for more than a year.

I have / have not (**CIRCLE ONE**) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota, in this calendar year.

I have / have not (**CIRCLE ONE**) been disciplined by a mental health licensing or certification board or by any mental health related professional organization in this calendar year.

I am / am not (**CIRCLE ONE**) \$1,000 or more behind in child support payments.

List all other States where you hold a Mental Health license: _____

CONTINUING EDUCATION REPORTING FORM FOR 2012 - 2013

This form must document a minimum of 40 contact hours of compliant continuing education (see cover letter), including 4 hours specifically of Ethics as is relates to Counseling.

SEND a copy of the Certificate(s) for your 4 hours of ETHICS and college transcript (if applicable) along with your Application for Annual Renewal and fee.

Date(s) of Program/Course	Name of Program/Course	Program SPONSOR or College Name (not BCE)	Board Recognized Entities, Number / College Course	Hours Earned
EXAMPLE: Nov. 1-2, 2010	Intervention for Troubled Teens	Professional Mental Health/Therapists Assn.	See COVER LETTER (ex. NBCC 111)	14

Please take care in completing this form. Make certain all the information requested is supplied accurately and legibly.

(You must supply official documentation of all the above hours you claim should you be selected for a records audit.)

In Accordance With SDCL 22-29-1:

“I declare and affirm under the penalties of perjury that this application and these responses have been examined by me, and to the best of my knowledge and belief, is in all things true and correct.” Any person who signs such statement knowing the same to be false or untrue, in whole or in part, shall be guilty of perjury.

Signature _____

Date _____

Send completed forms and correct renewal fee to:

SD Board of Examiners for Counselors and MFTs
PO Box 2164
Sioux Falls, SD 57101-2164